

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	/							
2							52	/							
3							53	/							
4							54	/							
5							55	/							
6							56	/	1						
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40		/					90								
41	/						91								
42		/					92								
43		/					93								
44	/						94								
45		/					95								
46		/					96								
47	/						97								
48	/						98								
49	/						99								
50	/						100								
TOTAL IND.							TOTAL IND.	14							
TOTAL DEP.							TOTAL DEP.	11							
TOTAL CLAIMS							TOTAL CLAIMS	25							